

Opening Statement
Chairman Tom Davis

“Wounded Army Guard and Reserve Forces:
Increasing the Capacity to Care”

February 17, 2005

I would like to welcome everyone to today’s hearing on the effectiveness and efficiency of Army medical administrative processes that affect the care of injured Army Guard and Reserve forces. This hearing is the third in our continuing investigation into the Department of Defense’s administrative and management challenges created by the largest mobilization of Reserve Component soldiers since World War II.

For the last year, along with the Government Accountability Office, our Committee has been investigating the plight of injured Army Guard and Reserve soldiers seeking quality care, standardized medical and personnel assistance, and comprehensive service.

We’re here today to ask some basic but troubling questions:

- How is it that so many injured and reserve soldiers have been inappropriately removed from active duty status in the automated systems that control pay and access to medical care?

- Why do soldiers languish for weeks or months in medical holding companies, not because of medical care, but because of lags in efficient administrative processing?
- Why do we all continue to hear from our Reserve Component constituents and their families still struggling under the convoluted current system?

Today, the GAO will issue a report on their examination of two Army processes: Active Duty Medical Extensions (ADME) and Medical Retention Processing (MRP). The Committee, looking into the Medical Evaluation Board and Physical Evaluation Board processes, has reached similar findings that are, quite frankly, stunning in scope:

- Current Army guidance for processing injured Guard and Reserve does not clearly define organizational responsibilities or performance standards.
- The Army has not adequately educated reserve component soldiers about Army medical and personnel processing or adequately trained Army personnel responsible for helping soldiers.
- The Army lacks an integrated medical and personnel system to provide visibility over injured or ill reserve component soldiers

and as a result, sometimes actually *loses track* of these soldiers and where they are in the process; and last but certainly not least:

- The Army lacks compassionate, customer friendly service.

Frankly, I'm appalled that these men and women not only have had to face the recovery from their war wounds, but are simultaneously forced to navigate a confusing and seemingly uncaring system of benefits.

What are the effects of these inadequacies? We will listen today to the individual experiences of two Guardsmen whose stories will be hard for us to hear. Sergeant John Allen of the North Carolina National Guard and Sergeant Perez of the Nevada National Guard will illustrate the price of an Army unprepared to handle their needs. General Raymond Byrne, State Adjutant General of Oregon, is also here on behalf of his injured and ill Guardsmen.

We are also pleased to have with us today two individuals who are on the front lines of caring for Reserve Component soldiers and who will explain the difficulties executing Army regulations and policies. An officer from US Human Resources Command will relate the Army's growing pains as it attempts to improve its level of administrative service and care. One will tell about his experiences as a Reserve

Liaison at Walter Reed Medical Center and the challenges he still faces as he tries to help injured Reserve Component soldiers. Both soldiers have been at their posts since the first return of injured Guard and Reserve soldiers from Operation Enduring Freedom. Both will describe urgent needs still unmet.

Clearly the unprecedented number of Army Guard and Reserve mobilized in the Global War on Terrorism has severely taxed the Army and its resources. We understand the pressures they are under. To their credit, Army leadership has accepted these challenges and has come a long way this past year in trying to repair some of the problems we are addressing today.

From our distinguished second panel, we will hear of new management initiatives, increased personnel, enhanced training, and a new interconnectivity between medical and personnel tracking systems. We will hear of the hopes for vast improvement in Reserve Component administration and service under the Community Based Health Care Initiative. We hope to hear of a continued commitment to other major changes that address weaknesses still at hand.

Today, when we ask who in the Army or the Department of Defense is ultimately responsible for the oversight of injured Army Guard and Reserve soldiers and the commands and agencies providing

them care and service, I hope to get a clear answer. But the truth is, we are *all* accountable to the men and women who have been injured defending this country.

I am sure we will all listen closely to each witness this morning to better understand what we can do to assist in any way possible, including legislation, resources and ongoing oversight. We all look forward to the day when each and every injured Army Guard and Reserve soldier receives the care they deserve.

This distressing period – where we’ve witnessed the equivalent of financial and medical “friendly fire” -- must end.